FINFLASH

WHY **FRAIL CARE?**

Frail care is needed when you can no longer take care of yourself, physically or mentally. This implies that you need help with normal daily tasks such as eating, personal hygiene and moving around, or that your mental condition is such that you need supervision.

Frail care is associated with growing older. The reality can therefore not be ignored. Being prepared can make a great difference to how we deal with the situation. People often think that if they have made provision to move into a retirement community, they have made provision for frail care as well. Unfortunately, this depends on the specific retirement community. More often than not there are costs involved, for example needing help in your home or having to move into the frail care centre of your retirement community.

Medical aid cover was not designed to cover on-going frail care. It may cover a short-term period of urgent medical care (for instance recovering from a stroke, a heart attack or a hip fracture) but on-going frail care support is not considered part of medical aid cover. Some specific medical aid schemes may cover some frail care costs, but the cover is limited and the costs are high.

The approximate, current costs of frail care for the hours required per day (per month) are as follows:

	3 Hours	4 Hours	5 Hours	6 Hours	7 Hours	8 Hours
Week	337	375	397	424	454	490
Weekend	506	563	596	637	682	736
PH	674	750	794	848	908	980
Month	R12 317	R13 504	R14 296	R15 272	R16 352	R17 648

	9 Hours	10 Hours	11 Hours	12 Hours	13 Hours	14 Hours
Week	496	514	528	547	581	611
S & S	744	771	792	821	872	917
PH	992	1028	1056	1094	1162	1222
Month	R17 856	R18 504	R19 008	R19 696	R20 920	R22 000

	15 Hours	Live in
Week	653	626
S & S	980	940
PH	1306	1252
Month	R23 512	R22 544

If you are worried about the future costs of frail care, talk to us.

Frail care is provided by nursing or support staff, depending on what may be required.

What do nursing and support staff do?
Nursing staff offers the following forms of care: acute, primary and palliative care.

Acute care is usually required for a short period of time when a patient needs urgent medical care.

Primary care is on-going medical care for patients with chronic diseases for instance diabetes, high blood pressure and asthma.

Palliative care focuses on reducing the severity of the impact of the symptoms of a disease, not on curing it. Diseases such as cancer, renal disease and chronic heart failure may need palliative care which mainly attempts to relieve suffering by pain management. Palliative care also provides some quality of life as well as support to the individual and his/her family.

A nurse or support staff member, under general supervision of a doctor or care manager, provides basic support such as feeding, bathing and personal hygiene. A care giver could also perform more complicated duties such as the administration and recording of medication, monitoring and recording of temperature and blood pressure, wound care and changing of dressings. More advanced duties would involve the use of catheters, IV's, injections, etc. Wages depend on the qualification and experience of the care giver, the level of skill required and the demands of the situation.

What is involved in frail care in a retirement village?
Frail care may sound straightforward, but a retirement village may offer different levels of frail care. There are about as many different care facility arrangements as there are retirement homes and villages. Some villages have no healthcare facilities, some offer home-based care, some have only a frail care centre and possibly an on-duty nurse, and others offer a full range of services, from assisted living to sub-acute care and rehabilitation to frail care, as well as separate facilities for people with dementia.

If the retirement village has an **acute care facility** (a hospital) care takes place in a licenced and registered facility with a practice code number. A hospital has operating theatres and intensive and/or high care units. A day clinic, which has an operating theatre but is not equipped for overnight care, is also regarded as an acute care facility, as is a mental health hospital. Cover for care in these facilities would normally form part of a medical aid benefit. Other levels of care are more problematic and are either not covered by the medical aid at all or not covered sufficiently.

A **sub-acute care facility** has registered nursing staff, but lacks facilities such as operating theatres. This type of facility will provide high-quality nursing care, but not the specialised (high-tech) care associated with a hospital. A sub-acute care facility is for a patient whose condition has stabilised; someone who no longer needs hospital level care, but still requires professional care. Some facilities focus on psychiatric conditions and others on physical rehabilitation. Sometimes the term step-down facility is used to describe a sub-acute facility. Depending on your medical aid scheme and especially on your condition, some of the care provided in a sub-acute facility may be covered.

Assisted living is also known as supported living. In most cases, a person will live in his or her own unit in a retirement community, but will have meals supplied, as well as being supported by cleaning services, a care giver assisting with personal hygiene and the administration of medicine. A nurse may also be on 24-hour call.

Many villages offer home-based care, which delays the need for frail care, because frail care, with staff on duty day and night, is expensive. Once you need 24-hour care, however, frail care is cheaper than home-based care. Some villages prefer to promote home-based care and the concept of **"ageing in place"** – or ageing in your own home and community. Keeping people in their own communities means that only the services that are needed, are purchased from a care provider. For example, if a healthy spouse is not strong enough to provide for all his or her ill partner's needs, the couple can make use of home-based services to help with something like bathing, and the healthy spouse can continue to do whatever he or she is still capable of doing, such as shopping and cooking.

However, home-based care is also expensive. See the approximate costs per hour listed above. Frail care facilities cost between about R13 000 and R25 000 a month, depending on the facility and the quality of care. Some people will prefer frail care to home-based care since they are not comfortable with care givers in their homes for extended periods each day.

Frail care is often associated with physical incapacity. However, a person may be in reasonable physical condition, but **not capable of coping mentally.** Despite the fact that Alzheimer's is a progressive and terminal illness, your medical aid scheme may not cover this condition. In addition, when you need full-time care, despite the fact that you live in a retirement village with a frail care centre, you may find that the frail care centre will not admit residents with dementia. To make matters worse for retirement village dwellers who develop Alzheimer's disease or any other form of dementia, if their village's frail care centre is unable to accommodate them, they may be asked to leave the village.

People often move into a retirement village during a crisis and do not do enough research. If you are interested in a specific village, talk to as many people as you can about the facilities that are available and how they are managed. Each village will have a constitution. Read and understand that constitution. Work through a possible agreement of sale, as well as the general rules of the village. It may be that the brochures indicate that some facilities are on offer, but in the meantime those facilities may have been scaled-down or terminated.

When the end is near

There is often uncertainty about medical scheme cover when death is imminent. Medical schemes are obliged to pay for what is known as palliative care for the terminally ill. This is intended to improve quality of life when there is no prospect of prolonging life. Typically, this care focuses on pain relief.

When death is imminent, a scheme must pay for comfort care, pain relief and hydration. These can be done in a sub-acute care unit or hospice environment that may be provided by a retirement village frail care facility. The medical aid scheme determines whether the facility is suitable for your condition and the treatment required. If the nurse or GP who provides the palliative care has a practice number and can bill your medical scheme, the scheme should pay for these services, according to your benefits.

Some schemes may also have specific benefits for the terminally ill. Such schemes may offer support for the member and family, access to medication to be comfortable (not just pain medication), support for a caregiver as well as pathology services (if medically required).

Palliative care given by a registered healthcare professional will be covered by the scheme. At the same time, only a registered frail care facility with a practice number is covered. Some schemes also cover home-based palliative care, including wound care and intravenous infusions. All these services are only covered in line with the specific medical scheme's option benefits.

There are some things you can do to mitigate at least the financial impact of frail care. Talk to your adviser about possibilities such as long term care benefits for yourself or your parents, your medical aid coverage or GAP cover options that might help with medical aid shortfalls, or long term investments to provide the cash flow needed for something like frail care, etc.

Frail care is something we all have to think about, whether in planning for ourselves or for our loved ones. If you have any questions on how to make provision for this difficult time of life, contact us.

CONTACT US

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